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•								Application or Docket Number					nber	
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000										09	19	932	200	
	CLAIMS AS FILED - PART I									ITITY /		OTHER	THAN	
<u>. </u>	· · ·	:	(Column 1) (Column 1)			mn 2)	TYPE [/	OR	SMALL		
TOTAL CLÀIMS							RATE		FEE	1	RATE	19650		
FOR			NUMBER FILED NUM		NUMB	ER EXTRA		BASIC FEE		343	OR OR	BASIC FEE	Z10.00	
TOTAL CHARGEABLE CLAIMS			minus 20= *		*			X\$ 9=			OR	X\$18=		
INC	EPENDENT CL	minus 3 =					×403			OR	200			
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					145=			1	290		
* If	the difference	in column 1 is	less than zero, enter "0" in colum			olumn 2		TOTA	_		OR OR	TOTAL		
CLAIMS AS AMENDED - PART II								1017	\e	,	JOH	OTHER	THAN	
5	(Column 1) (Column 2) (Column 3)						· •	SMAL	LL E	NTITY	ÓR	SMALL		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEF		RATE	ADDI- TIONAL FEE	
DME	Total	* 19	Minus	** *	20	=		X\$ 9=			OR	X\$18=	//	
MEN	Independent	. 3	Minus	***	3	=		X40=				X80=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					A40=	_		OR					
			1.					+135	=		OR	+270=		
/,		٠	••				-	TOT ADDIT. F		. 5. 14.1	ÖR	TOTAL ADDIT, FEE		
7		(Column 1)				(Column 3)					-			
MENTS		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9₌	=		OR	X\$18=		
AMEND	Independent	*	Minus	***	····	<u> </u>		X40=			OR	X80=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┋	.405	1			.070		
	•						L	+135= TOT		-	OR	+270=		
V	·						A	ADDIT. FI			OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		(Colu		(Column 3)						· ` .		
AMENDMENTE		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	_		OR	X\$18=		
	Independent	*	Minus	***		=	 	X40=	1			X80=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Į ŀ		\dashv		OR	7.55-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=			OR	+270=		
**	If the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE i	s less tha	n 20, enter "20."	" A	TOT/ DDIT. FE			OR	TOTAL ADDIT. FEE	,	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1											umn 1		



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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

				166	16-	-4						
			S FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THA		
TOTAL CLAIMS			21				Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			24 mir	nus 20=	* 4			X\$ 9=	36-00	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = * /					X42=	42	OR	X84=	
MU	JLTIPLE DEPEI	NDENT CLAIM P	RESENT			♂		+140=		1	+280=	
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL	140	OR OR	TOTAL	
	C	LAIMS AS A	AMENDED - PART II						28X	1 011	OTHER	THAN
		(Column 1)		(Colur		(Column 3)	SMALL I	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	* 21	Minus	** 2	.1	=		X\$ 9=		OR	X\$18=	
AME	Independent	* 4 INTATION OF M	Minus	***	4	= /		X42=	/	OR	X84=	
<u> </u>	FINOT PRESE	INTATION OF W	OLTIPLE DEI	PENDEN	CLAIM			+140=	/	OR	+280=	
						·	L	TOTAL	/	OB	TOTAL	-
		(Column 1)		(Colur	mn 2)	(Column 3)	AD	DIT. FEE		Jon,	addit. Fee	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	* 21	Minus	** 2	-1	=	· :	X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* \	Minus	j	CLAIM	=		X42=		OR	X84=	
				ENDERT	CEANN		+	-140=		OR	+280=	
							ADI	TOTAL DIT. FEE		or ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE,
NDN	Total	* 15	Minus	** 2-	1	=	>	(\$ 9=		OR	X\$18=	
AME	Independent	* •	Minus	*** 4		= -1		X42=		OR	X84=	
لنبا	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-	140=		l		/
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												